Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-20-2010</u>	Address:	CR50N near CR300E
Case #:	16F19664		<u>Kokomo, IN 46901</u>
County:	Howard		(church parking lot)
Type of La	aboratory Seizure (check one)	Seizure Location (c	check all that apply)
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Check all th ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water F ☐ Anhydre ☐ Hydrocl ☐ Corrosi ☐ Corrosi	nd: Location (bedroom, kitchen, open ain at apply) Ammonia Reaction(s): next to church osphorous/Iodine Reaction(s): N/A able Solvents: next to church Reactive Metal (Lithium): car ous Ammonia: N/A hloric Acid Gas Generator(s): N/A ve Acid: car ve Base: next to church tem and location): N/A		
		e Information e/Pseudoephedrine Tracking Logerchant Tip CSD investigation ocation:	
	ment: Kokomo Fd	Fax: <u>(765)</u>	
Health Dep	eartment: <u>Howard Co.</u>	Fax: <u>(765)</u> Fax: <u>N/A</u>	<u>456-2292</u>
Child Prote	ection Service: <u>N/A</u>	1'da. <u>1\//A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.